

# The Institute for Relational Change



*Advancing Mental Health Care*

[www.InstituteforRelationalChange.org](http://www.InstituteforRelationalChange.org)

1789 South Braddock Ave., Suite 350, Pittsburgh, PA 15218

Phone number: 412-212-8478

## Authorization for Release/Exchange of Information

This form provides your therapist at The Institute for Relational Change with written permission to communicate with other individuals regarding your treatment (i.e. previous therapist, current health care provider, etc.).

I, \_\_\_\_\_, authorize \_\_\_\_\_ to release and/or exchange information about my therapy services with the following party:

Name/Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Information to be Released or Exchanged (checked all that apply)

Intake and history       Diagnosis and Treatment Plan       Verbal Consultation  
 Treatment Progress       Discharge Summary       Billing and Payment  
 Other (specify): \_\_\_\_\_       All of the above

This release shall be valid until the termination of treatment or until withdrawn in writing by the client during the course of treatment.

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_